

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** CHILD CARE FACILITY

	7		INSI	PECTION REPORT		100
REA	SON	GRADE	Inspection Date:	ESTABLISHMENT NAME:		
Regular	V		2/11/2019	FIRST STEP EARLY CHILDHOOD E	DUCATIONA	LOBUTER
Follow-Up Complain	-	4	Time In/Out:	OWNER/OPERATOR:		
Investigat	-	RATING	10:50 11:49 AM AM	HENRICKSEN, TRICIA LOCATION: 308 MEPA Establish	ment Type:	
Other:			Sanitary Permit No.:		INVESE	
		A	20000- 18000		emporary .	Expired
			Female 29_Total	Child Care License: No.: 180117 / Walid /		
The fo	ollowing ite	ms identify	violations found this da	y in the operations and facilities which must b	e corrected	by the next
Inspection	ı or sooner			i-compliance may result in downgrading or pe t be submitted before the indicated correction		sion. To appeal
ITEM*				ARKS		CORRECT BY
	A RECE	VLAR 1	NSPECTION WAS	CONONCTED		CTCLERED.
			ECTION CONDUCT			
	10-11	7 14311		17 10 (9 11).	-	
	1		A 100 4 104 /	1.572		
	THE F	ONOWING	G VIDATIVAS	WEFE OBSERVED:		
	DESCRIPTION AND ADDRESS OF	_		19.00		
17	BROKEN UNCOVERED PENCIL SHARPENER WAS ON WALL 2 3/3/-					
	IN PRE	- SCHOOL	ROOM.			
	EQUIPI	MENT S	HALL BE KEPT 1	N GOOD REPAIR TO PREVENT		
		CAL H				1.01
29	DNE DE	EAD (O	KROACH GRSE	FUED IN GIRL'S RESTROOM.	2	3/18/2019
	NO OTHER ACTIVITIES OBSERVED.					7 3 7 3 1 1
	ROTH INDOOR AND OUTDOOR AREAS SHALL BE ADEQUATELY					
	PROTECTED AND MAINTAINED TO PREVENT THE HARBORAGE					
	OF PE	515.				
	-		1			2
	HOTOS	TAKEN	<u> </u>			
	"A" PLACAFD NO. 02005 ISSUED.					
	BRIEFE		C ON THE ABO) vĒ		
I have read and understand the above violation(s) and I am aware of the corrective havasures to be taken.						
*Note: When any of the following items are Received By (Name & Title)						
(2), (4), (6)			· I	DEH Inspector (Name & Title):	_	
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). C. TAKASE EPHOL						

DEH-06